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Attorney Docket Number **DECLARATION FOR UTILITY OR** Ga-Läne Chen First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date ■ Declaration ☐ Declaration OR Submitted Submitted after Initial Group Art Unit Filing (surcharge with Initial (37 CFR 1.16 (e)) Filing Examiner Name required)

,		<u>.</u>						
As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
METHOD FOR	R PRODUCING LAME	IGHT GUIDE	PLATE AI	ND MOLD				
the specification of which (Title of the Invention) is attached hereto OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number		as amended on (MM/DD/Y	· 3 .		(if applicable).			
I hereby state that I have re amended by any amendme	eviewed and understand the ent specifically referred to abo	contents of the above iden ove.	tified specificatio	n, including the cla	ims, as			
I acknowledge the duty to d	disclose information which is	material to patentability as	defined in 37 CF	R 1.56.				
				· · · · · · · · · · · · · · · · · · ·				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	Country	Foreign Filling Date	Priority	Certified Copy				
Number(s) 91137243	Country	(MM/DD/YYYY)	Not Claimed	YES	NO			
91137243	Taiwan	Dec/25/02		X	0000			
Additional foreign applica	ation numbers are listed on a	supplemental priority data	sheet PTO/SB/0	2B attached hereto	o:			
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number	(s) Filing Date	(MM/DD/YYYY)	•					
			numbe supple	onal provisional a ers are listed on mental priority d B/02B attached	a lata sheet			
	. 1	•			1			

[Page 1 of 2]
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Santa Clara

State

PTO/S8/01 (12:07)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application. U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, 4-hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten As a named inventor, whereby appoint the same of the control of th Place Customer OR Number Bar Code Registered practitioner(s) name/registration number listed below I abel hece Registration Registration Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: 😡 Customer Number OR Correspondence address below 25859 or Bar Code Label Name <u>Address</u> Address City State Z:P Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle (if anyl) Eamily Name or Surname -T.ane Chen Inventor's Signature 12/10/03 Date Fremont CA U.S.A Residence: City U.S.A. Country Citizenship Post Office Address 1650 Memorex Drive Post Office Address

ZIP

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

95050

Country

U.S.A.

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Please type	a plus	sign (+)	inside this	box →	+

PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])					Family Name or Surname						
GCharles					Chen Leu						
Inventor's Signature	man								Date 12/1		
Residence: City	Fremont	St	ate	CA	Country	U.S.A.		Citizensh	ip	U.S.A.	
Post Office Address	1650 Memorex Drive										
Post Office Address	·										
City	Santa Clara	St	ate	CA	ZIP	95050	Countr	U.S.A.		Α.	
Name of Additio	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Na	me (first and middle [if ar	ny])			Family Name or Surname						
Inventor's Signature					Date						
Residence: City		Sta	te		Country			Citizens	hip	·	
Post Office Address											
Post Office Address											
City	Santa Clara	Sta	ite	CA	ZIP	95050	Count	τy U.	U.S.A.		
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been filed	d for this	s unsigned	l inv	entor .	
Given Nar	ne (first and middle [if an	y])				Family Narr	ne or Si	umame			
	•			İ							
Inventor's Signature									Date		
Residence: City	State				Country			Citizenship			
Post Office Address											
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City		State	State		ZIP	Cor		ıntry			

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